

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6871 251

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS			2. USUAL RESIDENCE (HOME) OF DECEASED CITY TOWN STREET ADDRESS		
Queene Anne MARYLAND Rural Sudlersville			Maryland Queene Anne Rural Sudlersville		
CITY (If outside corporate limits, write RURAL and give nearest town)			CITY (If outside corporate limits, write RURAL and give nearest town)		
LENGTH OF STAY (in this place)					
3. NAME OF DECEASED (First) (Type or Print)			(Last)		
Elizabeth			Anderson		
4. DATE OF DEATH Jan. 3 1950					
5. SEX Female			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed			8. DATE OF BIRTH Jan. 23-1870		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Phillip Graham			14. MOTHER'S MAIDEN NAME Anna Harmon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs Margaret Graham Sudlersville, Md.					

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Ruth Purdiee Delahay

INTERVAL BETWEEN  
ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

Fall - Chronic Myocarditis

Conditions contributing to the death but not  
related to the disease or condition causing death.

Shock

Chronic Arthritic deformities

## II. OTHER SIGNIFICANT CONDITIONS

18. MEDICAL CERTIFICATION

## III. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

19. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

Accident

INJURY

at home

How did injury occur?

TIME (Month) (Day) (Year) (Hour)

INJURY OCCURRED

The Purdiee

OF INJURY 1 3 51 10 a.m.

While at Work  At work 

9 a.m.

Fall &amp; floor

22. I hereby certify that I attended the deceased from....., 1920., to....., 1951., that I last saw the deceased

alive on Jan. 3, 1951., and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION  
REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Burial

Jan. 6

Crumpton

Crumpton

Md.

DATE REC'D BY LOCAL REG.

REG.

Edgar L. Lane

24. FUNERAL DIRECTOR

ADDRESS

Edgar L. Lane Church Hill, Md.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

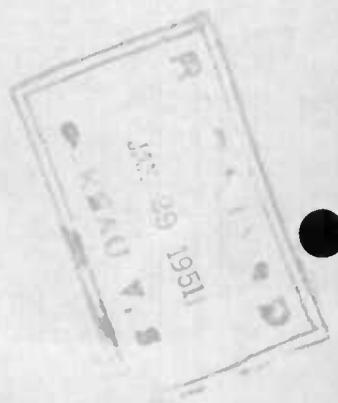
Reg. Dist. No. 253.

0826

MARGIN RESERVED FOR BINDING

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<p>1. PLACE OF DEATH COUNTY <b>Queene Anne</b></p> <p>CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Chester</b></p> <p>HOSPITAL OR INSTITUTION OR STREET ADDRESS</p>				<p>2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND</b></p> <p>CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Maryland</b></p> <p>STREET ADDRESS <b>Chester</b></p>			
<p>3. NAME OF DECEASED (Type or Print) <b>Lula C.</b></p> <p>4. DATE OF DEATH <b>Jan. 18</b></p>		<p>(Month) <b>19 5</b></p>					
<p>5. SEX <b>Female</b></p> <p>6. COLOR OR RACE <b>white</b></p> <p>7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>Widowed</b></p>		<p>8. DATE OF BIRTH <b>Sept. 7, 1874</b></p> <p>9. AGE last birthday <b>76 yrs.</b></p>					
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b></p>		<p>11. BIRTHPLACE (State or foreign country) <b>Maryland</b></p>					
<p>13. FATHER'S NAME <b>Cornellies Tanner</b></p> <p>15. WAS DECREASER EVER IN U.S. ARMED FORCES? <b>No</b></p> <p>(Yes, no, or unknown) (If yes, give war or dates of service)</p>				<p>16. SOCIAL SECURITY NO.</p> <p>17. INFORMANT AND ADDRESS <b>Mrs. Clark Jewwell Chester, Md.</b></p>			
<p>18. MEDICAL CERTIFICATION</p> <p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>175. <b>175.</b> 176. <b>176.</b></p> <p>Immediate cause <b>Adeno- carcinoma of left ovary</b></p> <p>Antecedent cause(s) <b>metastasis in ureter bladder</b></p> <p>Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <b>(b) (c) Adenosclerosis, osteo-arthritis both knees</b></p> <p>11. OTHER SIGNIFICANT CONDITIONS <b>Myocardial degeneration with decompen. ation</b></p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p>19a. DATE OF OPERATION <b>19b. MAJOR FINDINGS OF OPERATION</b></p> <p>19c. <b>19c.</b></p> <p>20. AUTOPSY? <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b></p>							
<p>21. ACCIDENT SUICIDE HOMICIDE</p> <p>(Specify)</p>		<p>PLACE (Home, farm, factory, street, OF office bldg., etc.)</p> <p>INJURY</p>		<p>(CITY OR TOWN)</p>		<p>(COUNTY)</p>	
<p>TIME (Month) (Day) (Year) (Hour)</p>		<p>INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/></p>		<p>HOW DID INJURY OCCUR?</p>			
<p>OF INJURY</p> <p>m.</p>							
<p>22. I hereby certify that I attended the deceased from <b>May 16, 1950</b> to <b>Jan. 18, 1951</b>, that I last saw the deceased alive on <b>January 18, 1951</b>, and that death occurred at <b>5 p.m.</b> from the causes and on the date stated above.</p> <p>SIGNATURE <b>Thelma Settlemeyer M.D.</b> ADDRESS <b>Stevensville</b> DATE SIGNED <b>Jan 20/51</b></p>							
<p>23. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b></p>		<p>DATE THEREOF <b>Jan. 21</b></p>		<p>NAME OF CEMETERY OR CREMATORIAL <b>Stevensville</b></p>		<p>LOCATION (City, town, or county) <b>Stevensville</b> (State) <b>Md.</b></p>	
<p>DATE REC'D BY LOCAL REG. <b>Jan 21/51</b></p>				<p>24. FUNERAL DIRECTOR</p> <p>EDGAR L. LANE</p>		<p>ADDRESS <b>Church Hill, Md.</b></p>	
<p>REG. <b>Jan 21/51</b></p>							



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0827

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY <b>Queen Anne</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>TOWN Ruthsburg</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Ruthsburg - Rural</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <b>ne. Centreville</b>	
3. NAME OF DECEASED (Type or Print) <b>Ira</b>		4. DATE OF DEATH <b>January 20 1951</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 4, 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tenant farmer</b>	
11. BIRTHPLACE (State or foreign country) <b>Delaware</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13. FATHER'S NAME <b>James Calloway</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Harrington.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mrs. Katie Calloway, wife.</b>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>450.0 Immediate cause (a) <i>Mitral Regurgitation</i></p> <p>928 Antecedent cause(s) (b) <i>Arterio-Sclerosis</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</p> <p>(c)</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	
TIME (Month) OF INJURY	(Day) m.	INJURY OCCURRED While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR? Not While At work <input type="checkbox"/>
22. I hereby certify that I attended the deceased from <b>Jan 1, 1946</b> , to <b>Jan 20, 1951</b> , that I last saw the deceased alive on <b>Jan 20, 1951</b> , and that death occurred at <b>18 30 P</b> m., from the causes and on the date stated above. SIGNATURE <i>W. Steury Fisher M.D.</i> (Degree or title) <i>Centreville Md</i> ADDRESS DATE SIGNED <i>1/22/51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>Jan 23, 1951</b>	NAME OF CEMETERY OR CREMATORIAL <b>Spring Hill</b>
DATE REC'D BY LOCAL REG. <i>1-22-51</i>		REGISTRAR'S SIGNATURE <i>Elsie Armstrong</i>	LOCATION (City, town, or county) (State) <b>Easton, Md.</b> ADDRESS <i>Centreville</i> <i>100105</i>
24. FUNERAL DIRECTOR			

MARGIN RESERVED FOR BINDING



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

0828

1. PLACE OF DEATH COUNTY CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS		
Queene Anne MARYLAND Price		Maryland COUNTY Queene Anne Price (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) Dollie	(Middle) V.	(Last) Cecil	
4. DATE OF DEATH	(Month) Jan.	(Day) 11	(Year) 19 51	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 25, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 70 yrs.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Louis M. Walls	14. MOTHER'S MAIDEN NAME Martha Hewitt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Randolph Murohy Price, Md.	18. MEDICAL CERTIFICATION <i>Carcinoma of rt. Breast with metastasis</i>	INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
170X 50	Immediate cause <input checked="" type="checkbox"/>	(a) <i>Carcinoma of rt. Breast with metastasis</i>		
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <i>50</i>		
		(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Mar. 24, 1951</i> , to <i>January, 1951</i> , that I last saw the deceased alive on <i>Jan. 4, 1951</i> , and that death occurred at <i>2:45 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>William C. Lane M.D.</i> ADDRESS <i>Queene Anne, Md.</i> DATE SIGNED <i>1-13-51</i>				
23. BURIAL, CREMATION REMOVED	DATE THEREOF Jan. 14	NAME OF CEMETERY OR CREMATORIAL Church Hill	LOCATION (City, town, or county) Church Hill, Md.	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Jan. 13</i>	24. FUNERAL DIRECTOR Edgar L. Lane	ADDRESS Church Hill, Md.	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

252

1. PLACE OF DEATH COUNTY Queene Anne MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Queene Anne		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) LENGTH OF STAY TOWN Centreville (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville STREET (If rural, give location) ADDRESS		
HOSPITAL OR INSTITUTION OR STREET ADDRESS					
3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) H.	(Last) Clough	4. DATE OF DEATH	(Month) Jan. 11 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH Aug. 4, 1866	9. AGE last birthday If under 1 year 90 yrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Wood-cutting	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William Clough			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS James Clough Centreville, Md.	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause

450.0 (a) Chronic arteriosclerosis of heart

Antecedent cause(s)

Diseases or conditions, if any, (b) giving rise to the above cause  
stating the underlying cause last

92d (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR? Not While At work <input type="checkbox"/>	
m.					

22. I hereby certify that I attended the deceased from 1-11, 1951, to 1-11, 1951, that I last saw the deceased  
alive on 1-11, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.  
SIGNATURE H. W. Phillips (Degree or title) M. D. ADDRESS Centreville Md DATE SIGNED 1-12-51

23. BURIAL, CREMATION  
REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county)  
Burial Jan. 15 Busic ne. Ingleside (State) Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS  
1/15/51 Elmer Armstrong Edgar L. Lane Church Hill, Md.



## MARYLAND STATE DEPARTMENT OF HEALTH

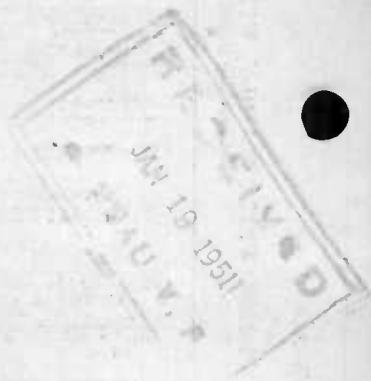
2411 N. Charles Street, Baltimore

0830

## CERTIFICATE OF DEATH

Reg. Dist. No. 2152

1. PLACE OF DEATH COUNTY <u>Tower</u> CITY <u>Centreville</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Tower</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Rural Centreville</u>		LENGTH OF STAY (in this place) <u>all her life</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Centreville</u>		STREET ADDRESS <u>Bracousville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) <u>MARY</u>	(Middle) <u>KING</u>	(Last) <u>COOPER</u>
4. DATE OF DEATH	(Month) <u>Jan</u>	(Day) <u>9</u>	(Year) <u>1951</u>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH
<u>Female</u>	<u>White</u>	<u>April 26 - 1913</u>	9. AGE last birthday <u>37 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Centreville Maryland</u>
13. FATHER'S NAME <u>Webber King</u>		14. MOTHER'S MAIDEN NAME <u>Mary Wright</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT AND ADDRESS <u>Henrietta Hallie Centreville Md</u>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause <u>581.0</u> (a) <u>Cirrhosis of liver</u> INTERVAL BETWEEN Antecedent cause(s) <u>124.6</u> (b) <u>8 mos</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1, 1951</u> to <u>Jan 9, 1951</u> that I last saw the deceased alive on <u>Dec 24, 1950</u> , and that death occurred at <u>7 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>W. Henry Fisher M.D.</u> (Degree or title) <u>Centreville Md</u> ADDRESS DATE SIGNED <u>1/12-51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan 12 - 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Chesterfield County</u>	LOCATION (City, town, or county) (State) <u>Centreville Maryland</u>
DATE REC'D BY LOCAL REG. <u>1-12-51</u>	REGISTRAR'S SIGNATURE <u>Elisia Armstrong</u>	24. FUNERAL DIRECTOR ADDRESS <u>Barton Bros Centreville Maryland</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6831

Reg. Dist. No. 251

## CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS			2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN STREET ADDRESS		
Queene Anne MARYLAND Rural Chestertown			Maryland Queene Anne Rural Chestertown (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month) (Day) (Year)
Female	Vivian Colored		Green	Jan. 6	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours Min.
		Single	Nov. 23, 1941	9 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
Schoolgirl			Maryland		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Wm. Butler			Hattie Green		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT AND ADDRESS		
			Joe Green Chestertown, Md.		
18. MEDICAL CERTIFICATION					
Babymonia Suffocation					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
480X 33a					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>0895-157</u> to <u>61-1715</u> , 1951, that I last saw the deceased alive on <u>1956</u> , and that death occurred at <u>61-1715</u> m., from the causes and on the date stated above. SIGNATURE <u>Edgar L. Lane</u> ADDRESS DATE SIGNED <u>1957</u>					
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Burial		Jan. 8		Rich Neck Near Chestertown, Md.	
DATE REC'D BY LOCAL REG. Jan. 7		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
		Edgar L. Lane		Edgar L. Lane Church Hill, Md.	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0832

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED CITY TOWN STREET ADDRESS		
Queene Anne MARYLAND Rural Centreville		Maryland Queen Anne Rural Centreville		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		
Alexander		Handy		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	
Male	Colored	Married	Feb. 17, 1871	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		
Farm Hand		Farm		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Steve Handy		Rebecca Giles		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
93d		17. INFORMANT AND ADDRESS		
		John Handy Centreville, Md.		
18. MEDICAL CERTIFICATION				
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>Chronic Nester &amp; Arteriosclerosis</i> Antecedent cause(s) (b) <i>hypertension</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>93d</i>				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
INJURY		TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan. 1, 1949</i> , to <i>1-15-51</i> , that I last saw the deceased alive on <i>1-14-51</i> , and that death occurred at <i>2:00 a.m.</i> from the causes and on the date stated above. SIGNATURE <i>St. W. Thompson</i> ADDRESS <i>Centreville, Md. 1-15-51</i> DATE SIGNED				
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORI	LOCATION (City, town, or county)	(State)
Burial	Jan. 18	Rossville	Near Church Hill,	Md.
DATE REC'D BY LOCAL REG.	REG. DATE	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
Jan. 18		<i>Edgar L. Lane</i>	Edgar L. Lane Church Hill, Md.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0833

## CERTIFICATE OF DEATH

Reg. Dist. No. 264

I. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Queene Anne MARYLAND		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Grasonville LENGTH OF STAY (in this place)		TOWN Grasonville (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) Lottie	(Middle) N.	(Last) Jones
4. DATE OF DEATH	(Month) Jan.	(Day) 21	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	White	Married	Nov. 9, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John M. Needles	Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
		Austin Jones Chester, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
4201	Immediate cause (a) Coronary occlusion Jan. 21, 1951		
92d	Antecedent cause(s) (b) Arteriosclerosis, Cardio-vascular Disease about 4 years		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Osteo - arthritis about 10 years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
INJURY			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED OF While at Not While INJURY m. Work At work		
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 10, 1949, to Jan. 21, 1951, that I last saw the deceased alive on Jan. 21, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.			
SIGNATURE (Degree or title)		ADDRESS DATE SIGNED	
Theodor Duttelmann, M.D.		Stevensville Jan. 25, 1951.	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIY	LOCATION (City, town, or county) (State)
Burial	Jan. 25	Centreville	Centreville, Md.
DATE REC'D BY LOCAL REG. NO.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
Jan. 24-1951	Helen M. Aedridge	Edgar L. Lane	Church Hill, Md.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0834

251

## CERTIFICATE OF DEATH

Reg. Dist. No. 200

## 1. PLACE OF DEATH-

COUNTY

Queen Anne

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

LENGTH OF STAY  
(in this place)

TOWN

Rural Millington

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED-

STATE

Md

COUNTY

Queen Anne

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN

Rural Millington

(If rural, give location)

STREET  
ADDRESS3. NAME OF  
DECEASED  
(Type or Print)

(First) GEORGEANNA (Middle)

(Last) MAGREY

4. DATE  
OF  
DEATH  
jan 20 1951

## 5. SEX

Female

COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify)8. DATE OF BIRTH  
married Jan 30 19199. AGE last birthday  
If under 1 year  
Months Days Hours Min.  
41 yrs.10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

House

10b. KIND OF BUSINESS OR  
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT  
COUNTRY?  
U.S.A.

## 13. FATHER'S NAME

Thomas M Jackson

## 14. MOTHER'S MAIDEN NAME

Mabel Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
service)

No

## 16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

Edward Magrey and Lester Del.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

## Immediate cause

(a) Acacia

## Antecedent cause(s)

13a Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last(b) Chronic intestinal ulcerII. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not  
related to the disease or condition causing death.(c) Malignant hypertensionChronic myocardiitis

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF  
INJURY

m.

INJURY OCCURRED  
While at Work  Not While At work 

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1950, to Jan 20, 1951, that I last saw the deceased  
alive on Jan 19, 1951, and that death occurred at 10 P m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION  
REMAVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.

REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

REG.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6835

## CERTIFICATE OF DEATH

251

Reg. Dist. No 200

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY		
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If rural, give location)		
TOWN		2 months		TOWN		STREET ADDRESS		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Rabino Nursing Home		Sudlersville		Sudlersville		
3. NAME OF DECEASED (Type or Print)		(First) EDWARD	(Middle) L.	(Last) MARVEL	4. DATE OF DEATH	(Month) Jan	(Day) 5	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married		8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		June 9 1868	82	Yrs.		
Building Painter		Painter		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		Delaware	USA			
Edward J. Marvel		Sarah Wall		15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of military service)	16. SOCIAL SECURITY NO.			
4522-1		17. INFORMANT AND ADDRESS		Paul Phillips Sudlersville Md.				

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH  
cent day.

Immediate cause

(a)

Mrs. Augerardine Insufficiency

Antecedent cause(s)

(b)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

Generalized Arteriosclerosis

many years

(c)

Mentally depressed.

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 20. AUTOPSY?

Yes  No 

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

None

(CITY OR TOWN) (COUNTY) (STATE)

None

ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

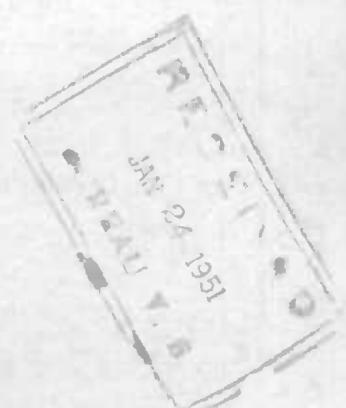
PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURYTIME (Month) (Day) (Year) (Hour)  
OF INJURY

None

INJURY OCCURRED  
While at Work  At work 

HOW DID INJURY OCCUR?

m.



VS. A15  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0836  
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Evidence for change  
of age shown on:  
AM No. G 130 JAN 29 1951 CERTIFICATE OF DEATH

Reg. Dist. No..... 251.....

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS			2. USUAL RESIDENCE (HOME) OF DECEASED CITY TOWN STREET ADDRESS		
Queene Anne MARYLAND			Maryland Queene Anne		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crumpton			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crumpton		
LENGTH OF STAY (in this place)			(If rural give location)		
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month) (Day) (Year)
	L.	Brent	Owen	Jan.	4 1950
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 24 hrs. If under Months 1 year Days Hours Min.
Male	White	Married	Jan. 29, 1908	21 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Painter			11. BIRTHPLACE (State or foreign country) Maryland		
10b. KIND OF BUSINESS OR INDUSTRY ?			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME A.B. Owen			14. MOTHER'S MAIDEN NAME Pye		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Helen Owen Crumpton, Md.	

18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Paroxysm of maxillary jaw bone					
Antecedent cause(s) Paroxysm of maxillary jaw bone					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paroxysm of maxillary jaw bone					
stating the underlying cause last (c) Paroxysm of maxillary jaw bone					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
1950	Paroxysm of maxillary jaw bone	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify) <input checked="" type="checkbox"/>	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY	While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
OF INJURY	m.				

22. I hereby certify that I attended the deceased from Jan. 3, 1951, to Feb. 4, 1951, that I last saw the deceased alive on Jan. 3, 1951, and that death occurred at 8 A.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	Jan. 6	Crumpton	Crumpton, Md.	
DATE REC'D BY LOCAL REG.	REG. DATE	REG. DATE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 6	Edgar L. Lane	Edgar L. Lane	Church Hill, Md.	



## MARYLAND STATE DEPARTMENT OF HEALTH

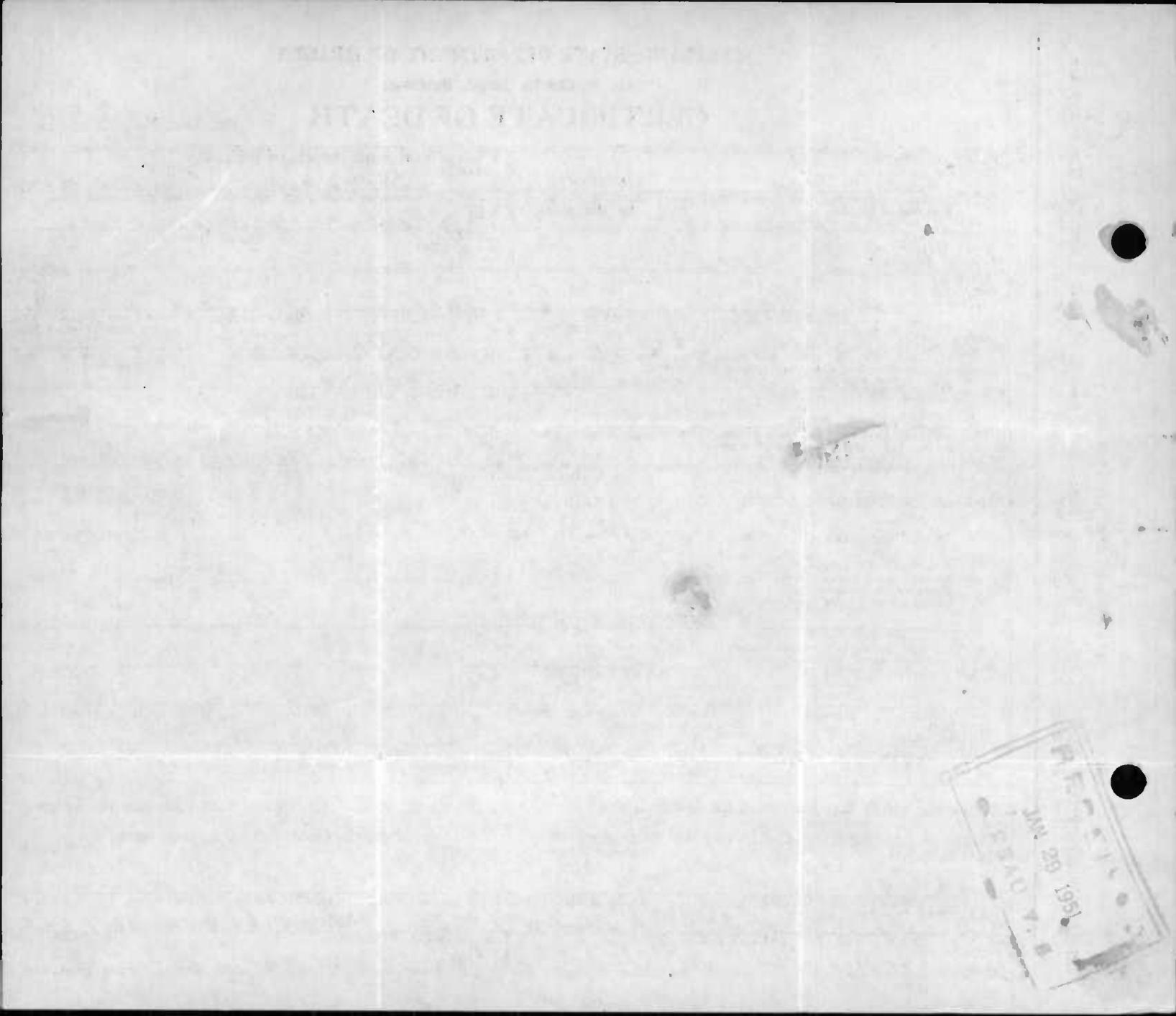
2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

183

1. PLACE OF DEATH COUNTY <i>QUEEN ANNE</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>RURAL - GRASONVILLE</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>RURAL - GRASONVILLE</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>None</i>		STREET ADDRESS <i>None</i>	
3. NAME OF DECEASED (Type or Print) <i>WILLIAM</i>	(First) (Middle) <i>WILLIAM</i>	(Last) <i>BAKEMAN</i>	4. DATE OF DEATH <i>JAN 20 1951</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>COLORED</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>1893</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Landscaper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>LAWN WORK</i>	9. AGE last birthday II under 1 year Months Days Hours Min. <i>57 yrs.</i>
13. FATHER'S NAME <i>Unknown</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>123-45-6789</i>	17. INFORMANT AND ADDRESS <i>George M. Heath, Queenstown, Md.</i>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause <i>cerebral hemorrhage</i></p> <p>Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Diabetes mellitus</i>      <i>Arteriosclerosis</i>      <i>about 2 years</i></p> <p><i>61</i></p> <p><i>chronic nephrosis</i>      <i>Obesity</i>      <i>recent</i></p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>malignant hypertension (arterial)</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work    Not While Work	HOW DID INJURY OCCUR? At work
22. I hereby certify that I attended the deceased from <i>Oct. 26 1950</i> to <i>Jan. 20, 1951</i> , that I last saw the deceased alive on <i>Jan. 19, 1951</i> , and that death occurred at <i>648 P.m.</i> from the causes and on the date stated above.			
SIGNATURE <i>Theodor Gattelmaier M.D.</i>		ADDRESS <i>Stevensville</i>	DATE SIGNED <i>Jan. 22, 1951.</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Jan. 24-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Robinson A.M.E.</i>	LOCATION (City, town, or county) (State) <i>Rural - GRASONVILLE, Md.</i>
DATE REC'D BY LOCAL REG. <i>Jan. 24-1951</i>	REGISTRAR'S SIGNATURE <i>Helen M. Abridge</i>	24. FUNERAL DIRECTOR ADDRESS <i>Town O. Williams, Easton, Md.</i>	







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	
Queer Anne MARYLAND Bentreville		Maryland Bentreville (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) RACHAEL	(Middle) FRANCES	(Last) RITCHIE
SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	4. DATE OF DEATH 1 5 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE last birthday 92 yrs.
11. BIRTHPLACE (State or foreign country) Babbot Co - Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Luther Syrett		14. MOTHER'S MAIDEN NAME Sarah E. Oymon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS J. H. Murdoch - Bentreville, Md		18. MEDICAL CERTIFICATION	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592x  
Immediate cause

(a) Chronic Interstitial nephritis

131a  
Antecedent cause(s)Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arterio-Sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN  
ONSET AND DEATH

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work	HOW DID INJURY OCCUR? Not While At work

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 5, 1951, that I last saw the deceased

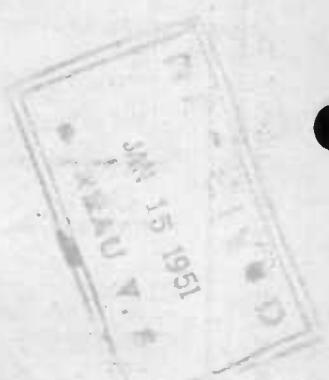
alive on Jan 3, 1951, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED  
1/6/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1/8/51	NAME OF CEMETERY OR CREMATORIAL Chesterfield	LOCATION (City, town, or county) Bentreville	(State) Md
DATE REC'D BY LOCAL REG. 1-6-51	REGISTRAR'S SIGNATURE Elise Armstrong	24. FUNERAL DIRECTOR Barton Bros - Bentreville	ADDRESS Md	M.Q.



## MARYLAND STATE DEPARTMENT OF HEALTH

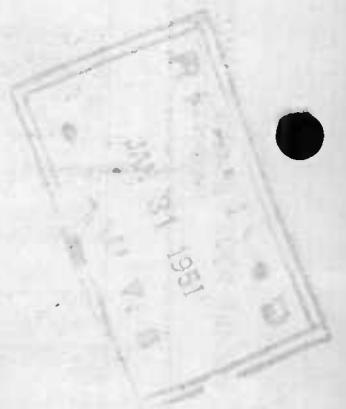
2411 N. Charles Street, Baltimore

0840

## CERTIFICATE OF DEATH

Reg. Dist. No. 2052

1. PLACE OF DEATH COUNTY <u>Queen Anne's</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>				
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in <u>the</u> place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN <u>Chesterville</u> STREET ADDRESS <u>Maryland</u>		
TOWN <u>Chesterville</u>				(If rural, give location)				
HOSPITAL OR INSTITUTION OR STREET ADDRESS								
3. NAME OF DECEASED (Type or Print)		(First) <u>HANDY</u>	(Middle) <u>PASTERFIELD</u>	(Last) <u>ROBINSON</u>	4. DATE OF DEATH	(Month) <u>Jan</u>	(Day) <u>21</u>	(Year) <u>1951</u>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours	
Male	White	Married	<u>May 23-1862</u>	88 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>				
Retired Farmer								
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
<u>William H. Robinson</u>				<u>Nancy Williams</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS				
		<u>none</u>		<u>Malvin Robinson, Chesterville, Md.</u>				
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
Immediate cause (a) <u>Heart - Degeneration</u>								
443X Antecedent cause(s) (b) <u>Arteriosclerosis</u>								
93d Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last								
(c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		
INJURY						(STATE)		
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
OF INJURY m.								
22. I hereby certify that I attended the deceased from <u>1-1</u> , 19 <u>40</u> , to <u>1-21</u> , 19 <u>51</u> , that I last saw the deceased								
alive on <u>1-19</u> , 19 <u>51</u> , and that death occurred at <u>12:59</u> m., from the causes and on the date stated above.								
SIGNATURE <u>W. M. Hansen, M.D. Chesterville, Md.</u> ADDRESS <u>1-22/51</u> DATE SIGNED								
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF <u>Jan 23-51</u>		NAME OF CEMETERY OR CREMATORIUM <u>Chesterville</u>		LOCATION (City, town, or county) <u>Chesterville Maryland</u>		
DATE REC'D BY LOCAL REG.		REG. <u>1-22-51</u>		REGISTRAR'S SIGNATURE <u>Lee Armstrong</u>		24. FUNERAL DIRECTOR ADDRESS <u>Barton Bros. Chesterville, Md.</u>		



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

0841

251

Reg. Dist. No.

1. PLACE OF DEATH. COUNTY Queene Anne		MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Church Hill		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS Church Hill (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place)		COUNTY Queene Anne	
3. NAME OF DECEASED (Type or Print)		(First) Charles	(Middle) L.	(Last) Seney	4. DATE OF DEATH Jan. 9 19 51
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH May 11, 1881	9. AGE last birthday 69 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm-Hand		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Joseph Seney		14. MOTHER'S MAIDEN NAME Eliza Stevens		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Beatrice Seney Church Hill, Md.		18. MEDICAL CERTIFICATION <i>General Health Considered Satisfactory</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) _____ 410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 926 stating the underlying cause last (b) _____  (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY m.		PLACE (Home, farm, factory, street, OF INJURY INJURY While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	(CITY OR TOWN) 1951 10099, 1951 G P		(COUNTY) (STATE)
II HOW DID INJURY OCCUR? <i>From the causes and on the date stated above.</i>					
22. I hereby certify that I attended the deceased from 10099, 1951, to 10099, 1951, that I last saw the deceased alive on 10099, 1951, and that death occurred at 10099, 1951, m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <i>Edgar L. Lane</i>					
23. BURIAL, CREMATION REMOVAL Burial		DATE THEREOF Jan. 11	NAME OF CEMETERY OR CREMATORIUM Salem	LOCATION (City, town, or county) (State) Near Church Hill, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Edgar L. Lane		24. FUNERAL DIRECTOR ADDRESS Church Hill, Md.	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

842

1. PLACE OF DEATH COUNTY <i>Queen Anne</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Md.</i>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Sudlersville</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Sudlersville</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <i>(If rural, give location)</i>			
3. NAME OF DECEASED (Type or Print)	(First) <i>SARAH</i>	(Middle) <i>JANE</i>	(Last) <i>SPARKS</i>		
4. DATE OF DEATH	(Month) <i>Jan.</i>	(Day) <i>31</i>	(Year) <i>1957</i>		
5. SEX	6. COLOR OR RACE <i>Female</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>May 24 1862</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housework</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	11. BIRTHPLACE (State or foreign country) <i>Delaware</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13. FATHER'S NAME <i>Lawrence Hart</i>	14. MOTHER'S MAIDEN NAME <i>Susan Harran</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>none</i>			
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT AND ADDRESS <i>Mr. Grant Taylor Brooklyn Mass.</i>	18. MEDICAL CERTIFICATION <i>Cardiac Failure</i>		
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) <i>422.1</i> Antecedent cause(s) (b) <i>932</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Cardiac Failure</i> <i>Cerebral Hemorrhage</i> <i>Myocarditis - Cardiac Palerosis</i> <i>Pericarditis</i>					
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE <i>suicide</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN) <i>—</i>	(COUNTY) <i>—</i>	(STATE) <i>—</i>
TIME (Month) OF INJURY	(Day) —	(Year) —	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i>—</i>
22. I hereby certify that I attended the deceased from <i>May</i> , 19 <i>45</i> , to <i>Jan. 31</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>Jan. 27</i> , 19 <i>51</i> , and that death occurred at <i>8:30 A.M.</i> , from the causes and on the date stated above. SIGNATURE <i>C. McCalfe</i> ADDRESS <i>Sudlersville</i> DATE SIGNED <i>2/1/57</i>					
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Feb. 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Sudlersville Cem.</i>	LOCATION (City, town, or county) <i>Sudlersville</i>	(State) <i>Md.</i>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Edgar L. Lane</i>	24. FUNERAL DIRECTOR <i>Edward Willow Wellington</i>	ADDRESS <i>Wellington</i>		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0843

## CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH COUNTY	Green Anne MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	Maryland Green Anne	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	Length of Stay (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	STREET ADDRESS	TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Chestler Home		Chester		(If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Harriett	(Middle) R	(Last) Stevensbury	4. DATE OF DEATH	(Month) Jan	(Day) 22	(Year) 1951
---	------------------	------------	--------------------	------------------------	-------------	----------	-------------

5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Apr. 17-1855 45	9. AGE last birthday yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours	Min.
------------------	-----------------------	--	-------------------------------------	------------------------------	---------------------------	--------------------------	---------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
--	--------------------------------------	---	---------------------------------

13. FATHER'S NAME Richard K Dunn	14. MOTHER'S MAIDEN NAME Harrietta C Green
-------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Oscar Dunn. Chester Md
--	---------------------------------	---

18. MEDICAL CERTIFICATION		
---------------------------	--	--

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
---	--	--

4221 1318	Immediate cause Nephro - Sclerosis chronic with uremia	Dec. 14. 1950
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last arteriosclerosis general + cerebral	almost
	(b) myocardial degeneration, secundary	10 years
	(c) cerebral accident	July 1941

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
---	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
------------------------	----------------------------------	--------------

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from	Dec. 14. 1950, Jan. 22 1951	that I last saw the deceased
--	-----------------------------	------------------------------

alive on Jan. 21. 1951, and that death occurred at 11 20 A.m., from the causes and on the date stated above.	(Degree or title) ADDRESS	DATE SIGNED
--	---------------------------	-------------

SIGNATURE Theodor Sattelmaier M.D.	ADDRESS Stevensville	LOCATION (City, town, or county) Stevensville	(State) Md
---------------------------------------	-------------------------	--	---------------

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF Jan 24-51	NAME OF CEMETERY OR CREMATORIAL Baths Neck	LOCATION (City, town, or county) Stevensville	(State) Md
--	---------------------------	---	--	---------------

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC.	24. FUNERAL DIRECTOR Elizabeth Foster	ADDRESS Stevensville
---	--	-------------------------

2781  
43  
1951



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0844

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH COUNTY <u>Queen Anne</u> MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queen Anne</u>		
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN <u>Queenstown</u>		<u>45 yrs.</u>	TOWN <u>Queenstown</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		(First) <u>Frances</u> (Middle) <u>Elmer</u> (Last) <u>Story</u>	4. DATE OF DEATH <u>January 18</u> 1951		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 24, 1864</u>	9. AGE last birthday <u>86</u> yrs.	If under 1 year Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		
13. FATHER'S NAME <u>Robert Gammie</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Wardell</u>		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT AND ADDRESS <u>Blanche Gerlach, Queenstown, Md.</u>		

18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) <u>Arteriosclerotic Cardiovascular Disease</u> Interval Between Onset and Death <u>2 mos.</u>					
Antecedent cause(s) <u>93d</u>					
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last <u>stating the underlying cause last</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)	(COUNTY) (STATE)
INJURY					
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY					

22. I hereby certify that I attended the deceased from Nov. 20, 1950, to Jan. 18, 1951, that I last saw the deceased  
alive on Jan. 18, 1951, and that death occurred at 9:10 P.M., from the causes and on the date stated above.  
SIGNATURE William C. Lowe MD (Degree or title) ADDRESS Queenstown, Md. DATE SIGNED 1-18-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Jan 20-1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Chestertield</u>	LOCATION (City, town, or county) (State) <u>Centreville Maryland</u>
DATE REC'D BY LOCAL REG. <u>Jan. 19-1951</u>	REGISTRAR'S SIGNATURE <u>Alon M. Aedridge</u>	24. FUNERAL DIRECTOR ADDRESS <u>Barton Bros Centreville Maryland</u>	

